

NIST-1263  
(REV. 11-2003)  
DAO 203-26U.S. DEPARTMENT OF COMMERCE  
NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY

(FOR ATP USE ONLY)

**JOINT VENTURE ADVANCED TECHNOLOGY PROGRAM  
(ATP) PROPOSAL COVER SHEET**

(CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 11.612)

Public reporting burden for this collection of information is estimated to average thirty (30) hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Director, Advanced Technology Program, National Institute of Standards and Technology, 100 Bureau Drive, Stop 4700, Administration Building, Room A333, Gaithersburg, Maryland 20899-4700.

1. COMPETITION NUMBER	2. EMPLOYER IDENTIFICATION NUMBER (EIN)	3. DUN AND BRADSTREET NUMBER	4. PROJECT DURATION YEARS MONTHS
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5. LEGAL NAME, ADDRESS, AND WEBSITE OF SUBMITTING ORGANIZATION	6. NAME OF PRINCIPAL INVESTIGATOR AT SUBMITTING ORGANIZATION (Address required, if different than Item 5)          TELEPHONE NUMBER: FAX NUMBER: E-MAIL ADDRESS:
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7. NAME OF BUSINESS MANAGER AT SUBMITTING ORGANIZATION (Address required, if different than Item 5)          TELEPHONE NUMBER: FAX NUMBER: E-MAIL ADDRESS:	8. NAME OF GRANT/CONTRACT MANAGER AT SUBMITTING ORGANIZATION (Address required, if different than Item 5)          TELEPHONE NUMBER: FAX NUMBER: E-MAIL ADDRESS:
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## 9. ORGANIZATION TYPE (Mark one in column 1 and any that apply in column 2.)

<input type="checkbox"/> PROFIT—SMALL BUSINESS	<input type="checkbox"/> PUBLIC COMPANY (Ticker symbol _____)
<input type="checkbox"/> PROFIT—MEDIUM BUSINESS	<input type="checkbox"/> FOREIGN-OWNED, U.S.-LOCATED COMPANY
<input type="checkbox"/> PROFIT—LARGE BUSINESS	
<input type="checkbox"/> NONPROFIT ORGANIZATION	

10. SOURCES OF FUNDS	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	TOTAL
A. ATP	\$	\$	\$	\$	\$	\$
B. PROPOSER	\$	\$	\$	\$	\$	\$
C. TOTAL (A + B)	\$	\$	\$	\$	\$	\$

## 11. PROPOSAL TITLE

## 12. NONPROPRIETARY PROPOSAL ABSTRACT

13. CERTIFICATION: BY SIGNING THIS PROPOSAL COVER SHEET, I CERTIFY, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THAT ALL INFORMATION IN THIS PROPOSAL IS TRUE AND CORRECT AND THAT THE FOLLOWING QUESTIONS HAVE BEEN TRUTHFULLY ANSWERED:

	YES	NO
A. IS THIS PROPOSAL REQUESTING FUNDING FOR EXISTING OR PLANNED RESEARCH PROJECTS THAT WOULD BE CONDUCTED IN THE SAME TIME PERIOD IN THE ABSENCE OF FINANCIAL ASSISTANCE UNDER ATP?	<input type="checkbox"/>	<input type="checkbox"/>
B. ARE ANY OF THE JOINT VENTURE PARTNERS DELINQUENT ON ANY FEDERAL DEBT? (If yes, explain in item 14.)	<input type="checkbox"/>	<input type="checkbox"/>
C. WAS THIS PROPOSAL OR A VERY SIMILAR PROPOSAL SUBMITTED TO ANOTHER FEDERAL AGENCY? (If yes, explain in item 14.)	<input type="checkbox"/>	<input type="checkbox"/>
D. DOES THE PROPOSED R&D INVOLVE THE USE OF HUMAN SUBJECTS, AND/OR HUMAN TISSUE, AND/OR HUMAN CELL LINES? [If yes, explain in item 14, and indicate whether the research plan has been reviewed and approved by an Institutional Review Board (IRB).]	<input type="checkbox"/>	<input type="checkbox"/>
E. DOES THE PROPOSED R&D INVOLVE THE USE OF LIVE VERTEBRATE ANIMALS? (If yes, explain in item 14, and indicate whether the research plan has been reviewed and approved by an Animal Care and Use Committee.)	<input type="checkbox"/>	<input type="checkbox"/>
F. DO ANY OF THE JOINT VENTURE PARTNERS HAVE A PARENT COMPANY OUTSIDE THE UNITED STATES? (If yes, identify the partner(s), ultimate parent company or companies, and place(s) of incorporation of parent company or companies in item 14.)	<input type="checkbox"/>	<input type="checkbox"/>
G. ARE ANY OF THE JOINT VENTURE PARTNERS MAJORITY OWNED BY NON-U.S. CITIZENS? (If yes, explain in item 14.)	<input type="checkbox"/>	<input type="checkbox"/>
H. ARE ANY OF THE JOINT VENTURE PARTNERS SUBJECT TO CONTROL BY NON-U.S. CITIZENS? (If yes, explain in item 14.)	<input type="checkbox"/>	<input type="checkbox"/>

14. REMARKS (Continue on a separate sheet if necessary.)

15. DESCRIBE BRIEFLY WHY FEDERAL ASSISTANCE IS NEEDED FOR THIS JOINT VENTURE TO FORM, OR WHY AN EXISTING JOINT VENTURE REQUIRES FEDERAL ASSISTANCE TO EMBARK ON THIS PROPOSED PROJECT. ALSO, DESCRIBE WHAT EFFORTS WERE MADE PRIOR TO APPLYING FOR ATP FUNDING TO SECURE PRIVATE CAPITAL TO SUPPORT THIS PROJECT WHOLLY. NOTE: PROVIDING A GENERAL STATEMENT INDICATING THE UNAVAILABILITY OF PRIVATE CAPITAL IS UNACCEPTABLE.

16. AUTHORIZED COMPANY REPRESENTATIVE (Type name and title.)

17. TELEPHONE NUMBER

18. SIGNATURE

19. DATE

## ESTIMATED MULTI-YEAR BUDGET—JOINT VENTURE

YEAR: \_\_\_\_\_

SPECIFY NAME OF PARTICIPANT:	PARTICIPANT	PARTICIPANT	PARTICIPANT	PARTICIPANT	PARTICIPANT	TOTAL
<b>1. OBJECT CLASS CATEGORY</b>						
A. Personnel salaries/wages	\$	\$	\$	\$	\$	\$
B. Fringe benefits						
C. Travel						
D. Equipment						
E. Materials/supplies						
F. Subcontracts						
G. Other						
H. Total direct costs (lines A thru G)						
I. Total indirect costs						
J. Total costs (lines H + I)	\$	\$	\$	\$	\$	\$
K. Non-ATP funds	\$	\$	\$	\$	\$	\$
L. ATP funds requested	\$	\$	\$	\$	\$	\$
<b>2. SOURCES OF FUNDS</b>						
A. ATP (same as line L)	\$	\$	\$	\$	\$	\$
B.						
C.						
D.						
E. Total sources of funds (same as line J)	\$	\$	\$	\$	\$	\$
<b>3. TASKS</b>						
A.	\$	\$	\$	\$	\$	\$
B.						
C.						
D.						
E.						
F.						
G.						
H.						
I.						
J.						
K. Total costs of all tasks (same as line J)	\$	\$	\$	\$	\$	\$



**SUBCONTRACTS****1. NAME AND ADDRESS OF SUBCONTRACTOR**

NAME OF CONTACT:  
 TELEPHONE NUMBER:  
 FAX NUMBER:  
 E-MAIL ADDRESS:

**2. ORGANIZATION TYPE (Mark one in column 1 and any that apply in column 2)**

- |   |  |
|---|--|
| <input type="checkbox"/> PROFIT—SMALL BUSINESS  | <input type="checkbox"/> PUBLIC COMPANY<br>(Ticker symbol _____) |
| <input type="checkbox"/> PROFIT—MEDIUM BUSINESS |  |
| <input type="checkbox"/> PROFIT—LARGE BUSINESS  | <input type="checkbox"/> FOREIGN-OWNED,<br>U.S.-LOCATED COMPANY  |
| <input type="checkbox"/> NONPROFIT ORGANIZATION |  |
| <input type="checkbox"/> UNIVERSITY             | <input type="checkbox"/> FOREIGN-LOCATED<br>ORGANIZATION         |
| <input type="checkbox"/> GOVERNMENT LABORATORY  |  |

**3. ESTIMATED AMOUNT OF SUBCONTRACT****4. DESCRIBE SCOPE OF WORK AND IDENTIFY WHICH TASK OR TASKS IN R&D PLAN REQUIRE SUBCONTRACTOR'S INVOLVEMENT.****5. IS THIS A SOLE-SOURCE SUBCONTRACT?**

☐ NO ☐ YES (If yes, explain why this subcontractor is the only one that can perform the work and the nature of its unique capability/experience.)

**6. DOES THE SUBCONTRACTOR HAVE ANY FINANCIAL OR OTHER INTEREST IN THE SUBMITTING ORGANIZATION?**

☐ NO ☐ YES (If yes, briefly explain what type and how much.)

**7. DOES THE SUBMITTING ORGANIZATION HAVE ANY FINANCIAL OR OTHER INTEREST IN THE SUBCONTRACTOR?**

☐ NO ☐ YES (If yes, briefly explain what type and how much.)

**1. NAME AND ADDRESS OF SUBCONTRACTOR**

NAME OF CONTACT:  
 TELEPHONE NUMBER:  
 FAX NUMBER:  
 E-MAIL ADDRESS:

**2. ORGANIZATION TYPE (Mark one in column 1 and any that apply in column 2)**

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|---|--|
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